

FEB 24 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Shannon  
 Township Barlett  
 City                      (No.                     )

Registration District No. 1074Primary Registration District No. 60721File No. 1 4597Registered No. 102St.                      Ward                     

## 2. FULL NAME

(a) Residence, No. Jerry Dale Short St.                      Ward                     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs.                      mos.                      ds.                      How long in U. S., if of foreign birth? yrs.                      mos.                      ds.                     

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 29, 1936

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,                      hrs.                      or                      min.511

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## MOTHER FATHER

## 13. NAME

Walter Short

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 15. MAIDEN NAME

Altha May Keeling

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 17. INFORMANT (ADDRESS)

Walter Short  
Buck Tree Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cosineh

DATE

Jan 11 1937

## 19. UNDERTAKER (ADDRESS)

C. E. Brasher  
Buck Tree Mo

## 20. FILED

2701937L. S. Jordan  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 193722. I HEREBY CERTIFY That I attended deceased from                     , 19                    , to                     , 19                    I last saw h.                      alive on                     , 19                    . Death is saidto have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

1/5-37Other contributory causes of importance:                     Name of operation                      Date of                     What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?                      Date of injury                     , 19                    Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                     Nature of injury                     24. Was disease or injury in any way related to occupation of deceased?                     If so, specify                     (Signed) R. L. Davis, M. D.(Address) Buck Tree Mo

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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Shannon  
Township Bartlett  
City Jerry Dale Short (No.         )

Registration District No. 1074  
Primary Registration District No. 6072

File No. 4597  
Registered No.          Ward         

**2. FULL NAME**

(a) Residence, No. Jerry Dale Short St.          Ward           
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/9/37 L. J. Loran Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-37

22. I HEREBY CERTIFY, That I attended deceased from         , 1937, to         , 1937

I last saw him alive on         , 1937. Death is said to have occurred on the date stated above, at          m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset         

None

Other contributory causes of importance:

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 1937

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?         

If so, specify         

(Signed) R. J. Davis, M. D.

(Address) Berk Inc

66-54-5